



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
9/24/2024 10:50 AM
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a:
- | | | |
|--|---|---|
| <input type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust | <input checked="" type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association | <input type="checkbox"/> public benefit corporation |
| <input type="checkbox"/> non-profit llc | <input type="checkbox"/> professional service corporation | <input type="checkbox"/> other |

2. The name of the entity is International Medical Staffing LLC

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Indiana

5. The date of organization is 03/17/23 and the period of duration is Perpetual

(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is

2 N. 9th St.

Noblesville

IN

46060

Street Address

City

State

Zip Code

7. The street address of the entity's registered office in Kentucky is

828 Lane Allen Rd, Ste 219

Lexington

KY

40504-3659

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is InCorp Services, Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Kenneth Jackson II

2 N. 9th St.

Noblesville

IN

46060

Name

Street or P.O. Box

City

State

Zip Code

Amish Patel

2 N. 9th St.

Noblesville

IN

46060

Name

Street or P.O. Box

City

State

Zip Code

Name

Street or P.O. Box

City

State

Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☒

13. This application will be effective upon filing.

Kenneth W. Jackson II

Signature of Authorized Representative

Kenneth W. Jackson II

Printed Name & Title

9-17-2024

Date

I, InCorp Services, Inc.

Type/Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the business entity.

Heather Glenn

Signature of Registered Agent

Heather Glenn for InCorp Services, Inc.

Printed Name

Authorized Representative

Title

09/17/2024

Date